

Fill in this information to identify the case:

Debtor Name Oak Lane Medical Center, Inc.United States Bankruptcy Court for the: Eastern District of Pennsylvania  
(State)Case number (if known): 23-12194-mdc☒ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 2. Cash on hand

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. Citizens Bank Checking account 0 3 7 9 \$722.86

## 4. Other cash equivalents (Identify all)

4.1 \_\_\_\_\_

4.2 \_\_\_\_\_

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$722.86

## Part 2: Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes. Fill in the information below.

Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 \_\_\_\_\_

7.2 \_\_\_\_\_

Debtor Oak Lane Medical Center, Inc.Case number (if known) 23-12194-mdc

Name

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 \_\_\_\_\_

8.2 \_\_\_\_\_

**9. Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

_____
-------

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.Current value of  
debtor's interest**11. Accounts receivable**11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ =..... →  
face amount doubtful or uncollectible accounts11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ =..... →  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

_____
-------

**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used  
for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 \_\_\_\_\_

14.2 \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of  
ownership:

15.1. \_\_\_\_\_

15.2. \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1 \_\_\_\_\_

Debtor Oak Lane Medical Center, Inc.  
NameCase number (if known) 23-12194-mdc

16.2 \_\_\_\_\_

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

--

**Part 5:** Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b>				
_____	MM / DD / YYYY	_____	_____	_____
20. <b>Work in progress</b>				
_____	MM / DD / YYYY	_____	_____	_____
21. <b>Finished goods, including goods held for resale</b>				
_____	MM / DD / YYYY	_____	_____	_____
22. <b>Other inventory or supplies</b>				
_____	MM / DD / YYYY	_____	_____	_____

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

--

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

Debtor Oak Lane Medical Center, Inc.

Name

Case number (if known) 23-12194-mdc

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Part 7:</b> Office furniture, fixtures, and equipment; and collectibles			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles? <input type="checkbox"/> No. Go to Part 8. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			

Debtor Oak Lane Medical Center, Inc.

Name

Case number (if known) 23-12194-mdc

	<b>Various used filing cabinets, utility cabinets, desks, and waiting room chairs</b>	<b>unknown</b>		<b>\$230.00</b>
40.	<b>Office fixtures</b>			
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
	<b>Used hydromassage bed</b>	<b>unknown</b>		<b>\$300.00</b>
	<b>Used desktop computer</b>	<b>unknown</b>		<b>\$50.00</b>
42.	<b>Collectibles</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1				
42.2				
42.3				
43.	<b>Total of Part 7</b> Add lines 39 through 42. Copy the total to line 86.			<b>\$580.00</b>
44.	<b>Is a depreciation schedule available for any of the property listed in Part 7?</b>			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
45.	<b>Has any of the property listed in Part 7 been appraised by a professional within the last year?</b>			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
<b>Part 8: Machinery, equipment, and vehicles</b>				
46.	<b>Does the debtor own or lease any machinery, equipment, or vehicles?</b>			
	<input checked="" type="checkbox"/> No. Go to Part 9.			
	<input type="checkbox"/> Yes. Fill in the information below.			
	<b>General description</b> Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1				
47.2				
47.3				
47.4				
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
48.1				

Debtor Oak Lane Medical Center, Inc.

Name

Case number (if known) 23-12194-mdc

48.2 \_\_\_\_\_

49. **Aircraft and accessories**

49.1 \_\_\_\_\_

49.2 \_\_\_\_\_

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

\_\_\_\_\_

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

_____
-------

52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9:** Real property54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes. Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	_____	_____	_____
55.2 _____	_____	_____	_____	_____
55.3 _____	_____	_____	_____	_____
55.4 _____	_____	_____	_____	_____
55.5 _____	_____	_____	_____	_____
55.6 _____	_____	_____	_____	_____

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

_____
-------

57. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor Oak Lane Medical Center, Inc.  
NameCase number (if known) 23-12194-mdc**Part 10:** Intangibles and intellectual property

## 59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10 Add lines 60 through 65. Copy the total to line 89.			

## 67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
- ☐ Yes

## 68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
- ☐ Yes

## 69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 11:** All other assets

## 70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

Debtor Oak Lane Medical Center, Inc.

Name

Case number (if known) 23-12194-mdc**71. Notes receivable**

Description (include name of obligor)

_____	_____	-	_____	= →	_____
	Total face amount		doubtful or uncollectible amount		

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

_____	Tax year	_____	_____
_____	Tax year	_____	_____
_____	Tax year	_____	_____

**73. Interests in insurance policies or annuities**

_____	_____
-------	-------

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

_____	_____
Nature of claim	_____
Amount requested	_____

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

_____	_____
Nature of claim	_____
Amount requested	_____

**76. Trusts, equitable or future interests in property**

_____	_____
-------	-------

**77. Other property of any kind not already listed** Examples: Season tickets, country club membership

_____	_____
_____	_____

**78. Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

_____
-------

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes



Debtor Oak Lane Medical Center, Inc.Case number (if known) 23-12194-mdc

Name

**Part 12:** Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	<u>\$722.86</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u></u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u></u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u></u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u></u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u></u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$580.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u></u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		<u></u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u></u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i> +	<u></u>	
91. <b>Total.</b> <i>Add lines 80 through 90 for each column.....91a.</i>	<u>\$1,302.86</u>	+ 91b. <u></u>
92. <b>Total of all property on Schedule A/B.</b> <i>Lines 91a + 91b = 92. ....</i>		<u>\$1,302.86</u>